

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90324 039 \*\*\*150.00

**DOCUMENT # 315321**

1. Entity Name  
**PARROTT, INC.**



Principal Place of Business  
**P O BOX 848  
315 S. PARROTT AVENUE  
OKEECHOBEE, FL 34973**

Mailing Address  
**P O BOX 848  
315 S. PARROTT AVENUE  
OKEECHOBEE, FL 34973**

**50010236**



03092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1171493**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CULBRETH, H. G. JR.  
1700 SW 16TH STREET  
OKEECHOBEE, FL 34974**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	CULBRETH JR, H G
STREET ADDRESS	1700 SW 16TH STREET
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	<del>VP</del>
NAME	<del>CULBRETH, J</del>
STREET ADDRESS	<del>300 S.E. 4TH STREET</del>
CITY-ST-ZIP	<del>OKEECHOBEE, FL 34974</del>
TITLE	SST
NAME	CULBRETH, MARIE A.
STREET ADDRESS	1700 SW 16TH STREET
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	LUNA, CHRISTA C. DVP
NAME	
STREET ADDRESS	1788 SW 7 <sup>th</sup> AVE
CITY-ST-ZIP	Okeechobee, FL 34974
TITLE	CULBRETH, JEREMIAH D
NAME	
STREET ADDRESS	1872 SW 7 <sup>th</sup> AVE
CITY-ST-ZIP	Okeechobee, FL 34974
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*H.G. Culbreth, Jr. Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-5-06 8637633154*  
Date Daytime Phone #